



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON, ALASKA AND FORT RICHARDSON
724 POSTAL SERVICE LOOP #6000
FORT RICHARDSON, ALASKA 99505-6000

IMPC-FRA-ZA

8 June 2007

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Garrison Civilian Employee Fitness Program (USAG-FRA-01)

1. Reference: DA Pam 600-63, Army Health Promotion, 28 Apr 96.
2. Purpose: To promote physical fitness among the civilian work force. U.S. Army Garrison, Alaska civilian employees are authorized to participate in an employee fitness program. The goal of this program is to promote the health of the work force through voluntary participation in health and fitness activities. This program only applies to USAG-AK civilian employees.
3. Participation in the program is voluntary on the part of both employees and their supervisors and may be declined or denied due to mission requirements. Those employees who wish to participate will complete the participation agreement (enclosure 1) and the participant questionnaire (enclosure 2). Employees must also submit a completed physician's statement and clearance form (enclosure 3) prior to beginning this program. When completed, all three documents are submitted to the supervisor.
 - a. The duration of this program is limited to a maximum of eight weeks for any one employee. Employees will be evaluated at the conclusion of the program.
 - b. Program participation allows employees up to three hours of duty time per week to conduct fitness activities, which must be conducted at the Installation Fitness Center. Time-use conditions apply:
 - (1) The allowed fitness hours cannot be "banked" (i.e., unused hours saved for later use).
 - (2) Time taken during the normal tour of duty to participate in this program will be annotated as Administrative Leave time (LN) on the employee's time card.
 - (3) Employees who have previously received administrative leave to participate in fitness activities (e.g., in the prior "Fit to Win" or similar programs) are not eligible for additional administrative leave. However, work schedules should be adjusted to permit training and exercise where possible and where consistent with workload and mission.

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c. Supervisors have the authority to terminate their employee's participation in this program at any time due to mission requirements or suspected abuse.

4. There are well-documented benefits from increased physical fitness to both employees and their organizations. I encourage leader support and civilian employee participation in achieving improved fitness among our work force.

5. POC is Pascal Lambert, Well-Being Coordinator at 384-3422/3430.

Encls
as

//Original Signed//
DAVID L. SHUTT
COL, AR
Commanding

DISTRIBUTION:
A

CIVILIAN EMPLOYEE FITNESS PROGRAM
EMPLOYEE AND SUPERVISOR PARTICIPATION AGREEMENT

I understand that my full participation in the Civilian Employee Fitness Program is strictly voluntary. I agree to participate for up to three one-hour sessions each week for a total of eight weeks unless illness, injury or operational requirements dictate otherwise. I understand that the Physical Fitness Center is my assigned place of duty during official work hours used for the program and that I am expected to remain on installation while participating during those hours. All program-related hours will be used for exercise or for health/fitness education classes.

I understand that I must obtain a medical release from my physician, or Occupational Health Services, prior to gaining approval to participate in this fitness program.

In consideration for the permission given to me by the United States and U.S. Army, I hereby release and forever discharge the United States and the U.S. Army (and all its officers, agents, employees, and volunteer staff) acting officially or otherwise, from any and all liability, damage, expense, cause of action, suits, claims, or judgments for personal injury, illness, or death or loss or damage to personal property which may arise out of participation in the program as well as any activity incidental to my participation in the Employee Fitness Program.

I further agree that neither I, nor my heirs, administrators, executors and assignees will ever prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government, the U.S. Army and all of its officers, agents, employees and volunteer staff acting officially or otherwise for personal injury, death, or property lost or damage as a consequence of my participation in the program.

I have read this entire Agreement and accept the conditions stated herein as a requirement to participate in this program.

_____/_____
Print Name *Employee Signature* *Date*

I approve / disapprove the above employee's participation in fitness training during working hours for the period _____ to _____. *

(beginning date) (ending date)

_____/_____
Supervisor Signature *Date*

(*) *Provide reason for disapproval.*

CIVILIAN EMPLOYEE FITNESS PROGRAM QUESTIONNAIRE

Name:

Work Phone:

Section (Include Bldg #):

What are your health and or fitness goals or reasons for participating in this program?

Are you currently exercising?

If so, what are you doing and how often do you exercise?

Check below your preference for activity structure:

_____ I prefer to use the Physical Fitness Center to structure my activities.

_____ I prefer to be in a less structured program involving self-monitored activities.

Print Name *Employee Signature* / *Date*

PHYSICIAN STATEMENT OF ELIGIBILITY FOR PHYSICAL EXERCISE

To Whom It May Concern:

1. This statement certifies that I have evaluated _____ and have found the following (mark as appropriate):

___ Evidence to suggest that he/she may be harmed by an exercise program

___ No-evidence to suggest that he/she may be harmed by an exercise program

2. Exercise Prescription:

Training/exercise heart rate should be:

3. Permitted Activities (mark as appropriate)

___ Aerobic Calisthenics

___ Stationary Bicycling

___ Swimming

___ Running

___ Walking

___ Weight Training

4. Exercise Time Length and Frequency per Week:

Time Length:

Frequency:

_____/_____
Print Name Physician Signature Date